



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Frederik Marcel Van Der Vliet) Group No.: 2874
Serial No.: 10/644,395) Examiner: Wood, Kevin S.
Filed: August 19, 2003) Docket No. LIGHT2700
)
For: **Multiplexer Having Improved Efficiency**

CERTIFICATION UNDER 37 CFR § 1.8

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date 9-22-06 in an envelope addressed to:
Assistant Commissioner for Patents, Washington, D.C. 20231

9-22-06

Date

Signature

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REONSE TO NOTICE REQUIRING EXCESS CLAIMS FEES

This communication is in response to the Notice Requiring Excess Claims Fees mailed on August 3, 2006.

The Notice Requiring Excess Claims Fees requests an additional \$275. However, Applicant has discussed the amount due with Wynette Stapor at 571-272-1626. She has indicated that the correct amount due is \$355. Wynnette Stapor has provided Applicant with a fax supporting the \$355 amount. Applicant has attached a copy of this fax to this communication.

In view of the above, Applicant has included a check for \$415. This amount includes \$175 for total claims filed, \$180 for an IDS, and \$60 for one month extension of time.

09/28/2006 YPOLITE1 00000002 10644395

01 FC:1806
02 FC:2202

180.00 0P
175.00 0P

09/27/2006 YPOLITE1 00000038 10644385

02 FC:1806

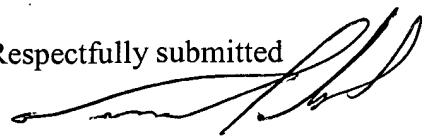
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09/27/2006 YPOLITE1 00000038 10644385

03 FC:2202

175.00 0P

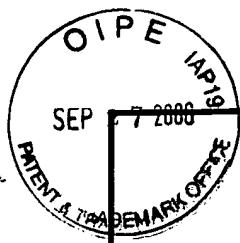
Respectfully submitted



TRAVIS DODD
Reg. No. 42,491

Date: 9-22-06

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number 10/644,395
		Filing Date August 19, 2003
		First Named Inventor Van Der Vliet
		Group Art Unit 2874
		Examiner Name Wood, Kevin S.
O I P E Total Number of Pages in This Submission		Attorney Docket Number LIGHT2700

SEP 27 2006		
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Authorized <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Postcard <input type="checkbox"/> Check for \$100 <input type="checkbox"/> Response to Notice Requiring Excess Claims Fees
Remarks		

Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: _____

By: _____

Phone: (760) 731-3091
Fax: (760) 728-1541

Attorneys for Applicant(s)

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail			
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: <u>9-22-06</u>			
Typed or printed name	TRAVIS DODD		
Signature		Date	<u>9-22-06</u>



Wynette Stapor

United States Patent and Trademark Office

Team leader -Technology Center 2800

Phone 571-272-1626
Fax 571-273-1626

Date: 09-19-06 Total # of pages: 7

To: Travis Dodd
From: Wynette Stapor
Subject: S/N 10/644395

Per our conversation on 9-18-06 regarding the fees due on this case.

**Reference: Fee Transmittal dated 1-13-06- a balance of \$175.00 is due
For the total claims filed— \$200.00 was paid at the time of the filing of
this amendment. In addition-an IDS was also filed on 1-13-06 and
\$180.00 fee is due for this paper.**

**Reference: Fee Transmittal dated 6-28-05- \$180.00 was paid for the
IDS filed at this time. However, no fee was due for this IDS and a
Refund of \$180.00 is due. You must submit a written request in order to
receive your refund. I have enclosed a copy of your Fee History Query
for this case. Feel free to contact me at 571-272-1626.**

Thanks

Wynette Stapor